

between the 2 groups. The severity of infections with patients who have undergone the bridging technique was much less than the patients who had the open technique.

We have noticed no problems with CO<sub>2</sub> retention, although I was speaking with some people yesterday, and they had reported one incident of high CO<sub>2</sub> during a vein harvest that the anesthesiologist had to correct for, with a CO<sub>2</sub> level as high as 64. But we had no problems with elevated CO<sub>2</sub> during our procedures.

Histologic evaluation has been touched on. We personally did not do studies, but Dr Cable did a study of the histologic evaluation of veins after endoscopic harvesting, I believe it was a few years back, which showed no intimal injury, and as was discussed by Dr Allen, that seems pretty consistent. However, I would say that if you are going to do an evaluation, there are intimal injuries from smaller avulsed branches requiring 7-0 repairs, and there has got to be a potential for thrombosis or early stenosis. We had no returns for angina or perioperative myocardial infarctions in our groups, and I

believe that is pretty similar for most of the other people who have published on endoscopic vein harvesting.

A question on difference of hematomas and edema: We did not follow edema very well in our study. It has been reported in a few other studies regarding edema, and there seemed to be no difference in previous studies.

As far as hematomas, we did see a fair amount of hematomas in the thigh in the patients who had the endoscopic technique performed. We keep the legs wrapped in Ace bandages for 48 hours, hoping to decrease the prevalence of hematomas. We even tried putting drains in, but that did not seem to make a difference. This did not seem to adversely affect the patients' recovery, did not cause infection, seemed to resolve quickly on its own, and by 2-week follow-up, most of the patients had resolution of these hematomas.

I did not document an increased use of narcotics with patients who had the open technique compared with the endoscopic technique.

### Authoritative

*The Journal of Thoracic and Cardiovascular Surgery* is the most frequently cited thoracic/cardiovascular surgery journal in the *Science Citation Index*. An article in *JTCVS* is cited on average almost twice as often as those in the closest cardiothoracic journal.